



## PERMITTING & INSPECTIONS DEPARTMENT

645 Pine Street, Ste. A | PO Box 849 Burlington, VT 05402-0849

PHONE: (802) 863-0442 FAX: (802) 652-4221

### **INSTRUCTIONS FOR FILLING OUT RENTAL REGISTRATION APPLICATION**

- *If information does not appear on your print-out, add it to the print-out or insert it on the attached blank application.*
- *If any information has changed or is incorrect from what is listed, make the necessary changes on the print-out.*
- *If particular requested information is not applicable for your property, please use "0" or "N/A" as appropriate.*

**\*\*The individual receiving the bill and all correspondence must be listed as the Primary Code Owner\*\***

Rental property owners must provide their actual physical residential address under the "Property Owner information field. If mailing address of owner is different from their actual residential address, provide both. Owners must provide: name, address, date of birth, phone number, email, and military status (active or not). This is required for all owners.

For properties owned by a corporation, partnership, or LLC, provide: official name, principal business address, date of incorporation, phone number, email, and military status of the corporation president and general partners in the Owner information field. Also provide: name of registered corporate/partnership agent, address, phone number, email, and military status of agent.

If owner's official residence is in Chittenden County and they do not wish to designate a Local Property Manager, Service of Process, or Emergency Contact, they must write "same as owner" on the lines provided for that information. Use principal business address of the corporation, LLC, or partnership entity to determine residence.

If owner DOES NOT RESIDE in Chittenden County, they must list: a local Property Manager, a Service of Process contact (to receive official papers), and a local Emergency Contact for the property (may be one in the same person).

All designees: list day, evening, and cell phone numbers, along with email addresses.

Service of Process designees: date of birth and military status are required.

### **\*PLEASE NOTE\***

Multiple properties may be listed on one form, but **ONLY FOR PROPERTIES FOR WHICH THE OWNER'S NAME IS LISTED IN EXACTLY THE SAME MANNER**. For example: John and Mary Smith may use one form for 03 properties listed under their name but cannot use one form if the first property is listed under John

and Mary Smith, the second is listed under John and their child Susan Smith, and the third is listed under Smith Family Enterprises, Ltd. The owner's listing is determined by the listing in the City Assessor's Office. Be sure to file separate forms for any properties listed in different ways, even if one or more of the owners are the same.

Information available in alternative media forms for people with disabilities.  
For disability access information call (802) 863-0450 TTY.  
An Equal Opportunity Employer



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### RENTAL REGISTRATION APPLICATION

- **Required Information:** *if any required registration information is missing from the print-out for your property please provide on this form. Please see accompanying packet for important information.* •

**Note:** *if you have sold your rental property, return form with name and address of new owner.*

**OWNER** *(If corporation, enter information for president and registered agent; if partnership, enter information for registered agent and general partners):*

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ *(REQUIRED unless corporation/ partnership)*

Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**REQUIRED:** *is owner on active military duty or expect to be in next 12 months?* (CIRCLE ONE: Yes or No)

**PRIMARY CODE OWNER** *(Must be completed in full even if same as any other contact):*

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_  
**PROPERTY MANAGER** (*Must reside in Chittenden County and be either owner or an agent authorized to represent owner for compliance matters; can be same as Service of Process and/or Emergency Contact*):

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

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**SERVICE OF PROCESS** (*Must reside in Chittenden County and be an agent authorized for receipt of legal documents for owner; can be same as Local Property Manager and/or Emergency Contact*):

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMERGENCY CONTACT** (*All properties must have a designated Emergency Contact residing within Chittenden County; can be same as Local Property Manager and/or Service of Process*):

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

### **For newly acquired properties which you are registering for the first time:**

List residential rental properties below and also fill out an attached “Rental Registration Information Form” sheet for each rental property (attach additional “Rental Registration Information Form” sheets if necessary):

Rental Property Address: \_\_\_\_\_

Number of rental UNITS for above listed property: \_\_\_\_\_

Rental Property Address: \_\_\_\_\_

Number of rental UNITS for above listed property: \_\_\_\_\_

Rental Property Address: \_\_\_\_\_

Number of rental UNITS for above listed property: \_\_\_\_\_

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**NEW Rental Property Owners:** a one-time **\$50.00 Transfer of Ownership Fee** is required if the property was previously registered as a rental and will continue to be so. This is for transferring records from the previous property owner to the current property owner and *should be included when registering your property.*

**Annual rental registration fees are billed out in February every year and due by 01 April.**

The amount owed at that time is:

**\$110.00 per rental UNIT**

**\$80.00 for properties which are owner-occupied duplexes**

Submit this form, property information sheets, and payment made payable to “*City of Burlington Code Enforcement*” and return all to:

**DEPARTMENT OF PERMITTING & INSPECTIONS**

**645 Pine Street, Ste. A**

**PO Box 849**

**Burlington, VT 05402**

**PLEASE NOTE: WE ACCEPT CREDIT CARD PAYMENTS. PAYMENTS MADE BY CREDIT CARD WILL INCUR AN ADDITIONAL PROCESSING FEE FROM OUR CREDIT CARD VENDOR.**

**\*\*Payments made after April 1<sup>st</sup> will accrue a \$13.00 late fee and simple interest of 1% per month on the total owed for each separate property (not each individual unit)\*\***

**I HAVE READ AND UNDERSTAND THE ATTACHED RENTAL REGISTRATION INFORMATION AND OWNER’S RESPONSIBILITIES. I UNDERSTAND THAT THIS FORM MUST BE COMPLETED AS REQUIRED BY LOCAL REGULATIONS.**

**Legible Owner/Agent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **RENTAL REGISTRATION INFORMATION FORM**

A separate sheet for each rental property is required. Additional sheets may be found at: [www.burlingtonvt.gov/codeenforcement/forms](http://www.burlingtonvt.gov/codeenforcement/forms) ***The following information is required by law.*** Please list your residential rental property with unit information below.

Rental Property Address: \_\_\_\_\_

\*Is property exempt from rental registration fees: CIRCLE ONE: Yes OR No

Maximum number of allowed on-site parking spaces: \_\_\_\_\_ || Number of vehicles currently used by residents: \_\_\_\_\_

How is property heated: CHECK ONE: ☐ property has central heating system OR ☐ each rental unit has its own heating source

List each unit number or letter	Is this unit a rental (Yes or No)	Number of rooms in unit (do not count bathrooms)	Number of bedrooms in unit ( <b>studios &amp; efficiencies:</b> put a 0 in box below)	Number of bathrooms in unit	Current number of residents in unit	Max number of residents allowed on lease	**If more than 4 unrelated adults are residing in unit, has "Functional Family Status" been claimed (Yes or No)	Is the unit accessible for persons with disabilities (Yes or No)

\*Exempt if property is used as a registered non-profit // \*\*\*"Functional Family Status" defined in Appendix A, Article 13 of Burlington City Ordinance